

## Foster Family Home - Corrective Action Report

Provider ID: 1-120038

Home Name: Chun Hee Kratzke, CNA

Review ID: 1-120038-9

5119 A Likini Street

Reviewer: Angelica Galindo

Honolulu HI 96818

Begin Date: 9/18/2018

End Date: 10/17/18

### Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 9/18/18. Corrective Action Report issued during home visit with all items due to CTA by 10/18/18.

6.(d)(1) - see applicable sections of the review

### Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2)- APS/CAN lapsed for CG#4: was due on/before 9/23/2017.

### Foster Family Home Personnel and Staffing [17-1454-41]

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

41.(g)-No documentation for training and skills competency for CG#3.

41.(h)-No CTA approval for CG#2 prior to client care. CG#1 verbally stated unapproved SCG who is a PCG assisted with client care.

### Foster Family Home Medication and Nutrition [17-1454-46]

46.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, HAR, or an RN for all medication that the client requires.

Comment:

46.(b)- No RN delegations for medication training for CG#3 in client's #1, #2, #3 records.

  
Compliance Manager

  
Primary Care Giver

9/18/18  
Date

9/18/18  
Date

Kratzke, Chun Hee CCFH  
5119 Likini St.  
Honolulu Hi, 96818

**Written Plan of Correction for Deficiencies**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
6-(d) (1)	Ohana Foster care Home, PCG ChunHee Kratzke will comply with all the requirements in this chapter.	10/2/2018	Home will use a spreadsheet to identify all the requirements due 2 months before they expire to allow time completion before expiring.
7-1(a)(2)	APS/CAN for CG#2 was done/ completed on 9/7/18 and given GREEN light. Report is now place in the CCFH home record binder.	09/27/2018	Home understands the background requirement of all SCG. Home will use calendar or spreadsheets to input the due dates and review quarterly to prevent future lapses. The home will ensure that the required background clearance are done on time and will not lapse.
4.1.(g)	Documentations for the training, skills and competencies for CG#3 were verified, signed and dated by RN case managers from case management company.	9/22/18	Ohana FCH in the future will notify client's CMA that basic competencies, skills will be assessed and performed before names are added as approved caregivers and before rendering care to clients.
4.1 (h)	CG#2 , who is also a PCG in her own CCFH is now approved SCG for Ohana FCH.	10/1/18	In the future, I will ensure that all SCG will get approval first from CTA before rendering care to clients. Form Substitute Caregiver approval/denial form will be submitted on time.

Primary Caregiver: Chun Hee Kratzkee

Primary Caregiver's Signature: 

Date of Signature 10/11/2018

46(b)	CG#3, RN delegations for medication training for CG#3 were completed, signed by CMA RN for clients #1, #2 and #3, and are now on the respective charts and medical record	9/22/18	<p>To prevent this deficiency from happening again, The PCG will make sure all future SCGs will be delegated by the Case Management RNs before working in the CCFFH. The SCGs will be assess with their skills and will be delegated with medications and skills needed to care for the clients. The skills checklist and nursing delegation forms will be placed in each client's record/binder. PCG will review the delegation sheet and make sure that the SCG is delegated before allowing to care for clients. Delegation sheet will also be reviewed quarterly to make sure that all SCGs are delegated if there is new orders and medications that needs to be delegated.</p>
-------	---	---------	--

Primary Caregiver: Chun Hee Kratzkee

Primary Caregiver's Signature: 

Date of Signature 10/11/2018